



OUT-OF-SCHOOL TIME APPLICATION PROGRAM REVIEW CHECKLIST

Facility Name _____ License Number _____

Assessor Name _____ Date of Review _____

This form will be completed by an assessor during your program review to verify Better Beginnings requirements.

Yes = Sufficient evidence was presented to verify implementation of the requirement.

No = Sufficient evidence was not presented to verify implementation of the requirement.
The reason for a rating of “no” is recorded in the rationale column.

*All requirements for Levels 2 and 3 must be checked for Level 3, 4, 5, and 6 reviews.

| Requirement | | Rationale | Yes | No |
|--------------|---|-----------|-----|----|
| 2.D.1 | The facility shall document distribution of ARKids First information to families of uninsured children. | | | |
| 2.D.2 | The facility shall share information on child development, stages of children's development, and children's health with families. | | | |
| 3.D.1 | The facility shall share information on nutrition and physical activity for children with families. | | | |
| 3.C.1 | The staff shall maintain a portfolio on each child. | | | |

Assessor Signature _____ Date of Review _____

This form will be completed by an assessor during your program review.

Save a copy of all documents for your records. Submit the completed application with documentation online through your ELS portal.
For more information: www.ARBetterBeginnings.com Phone: 501-320-6161 Email: OEC.BetterBeginnings@ade.arkansas.gov
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